## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	
		Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) ever the lines	12FE4M5
CULAC the PA	C of Credit Union National Association	
ADDRESS (number and s	601 Pennsylvania Avenue, NW	
(Check if address is changed)	South Building, Suite 600	
	Washington	DC 20004 _ 2601
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	thawkins@cuna.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.3	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00007880	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correc	ot and complete
	Partition Countries	
Type or Print Name of	Treasurer Patricia Sowick	
Signature of Treasurer	Electronically Filed by Patricia Sowick	Date 03 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person signing this \$	•
Office	For further information	on contact:
Use Only	Federal Election Community Toll Free 800-424-953	mission FEC FORIVI I